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DATE: April 6, 2007

PTO IDENTIFIER: Application Number 10/718,614-Conf. #1603  
Patent Number

Inventor: Stephen R. Glaser

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: PERKINS COIE LLP

Michael A. Oblon

PHONE: (202) 628-6600

Attorney Dkt. #: 615388001US1

PAGES (Including Cover Sheet): 17

## CONTENTS:

Transmittal (1 page)  
Request for Continued Examination Transmittal (in duplicate) (2 pages)  
Amendment (11 pages)  
Applicant Initiated Interview Request Form (1 page)  
Certificate of Transmission (1 page)  
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PTO/SB/07 (09-04)

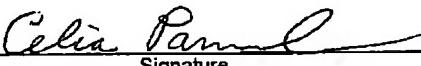
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Application No. (if known): 10/718,614

Attorney Docket No.: 615388001US1

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Fax Cover Sheet (1 page)

Transmittal (1 page)

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# TRANSMITTAL FORM

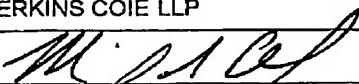
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	615388001US1
Application Number	10/718,614-Conf. #1603
Filing Date	November 24, 2003
First Named Inventor	Stephen R. Glaser
Art Unit	3762
Examiner Name	G. C. Manuel

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Request for Continued Examination (In duplicate)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Applicant Initiated Interview Request Form
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	Certificate of Facsimile Transmission
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<b>Remarks</b>	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	PERKINS COIE LLP		
Signature			
Printed name	Michael A. Oblon		
Date	April 6, 2007	Reg. No.	42,956

PTOL-413A (09-06)  
Approved for use through 03/31/2007. OMB 0651-0031  
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### Applicant Initiated Interview Request Form

Application No.: 10/718,614-Conf. #1603 First Named Applicant: Stephen R. Glaser  
 Examiner: G. C. Manuel Art Unit: 3762 Status of Application: Published

**Tentative Participants:**

(1) Examiner Manual (2) Michael A. Oblon  
 (3) Stephen R. Glaser, MD (4) \_\_\_\_\_

Proposed Date of Interview: \_\_\_\_\_ Proposed Time: \_\_\_\_\_ (AM/PM)

**Type of Interview Requested:**

(1)  Telephonic (2)  Personal (3)  Video Conference

Exhibit To Be Shown or Demonstrated:  YES  NO

If yes, provide brief description: \_\_\_\_\_

### Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>103 rejections</u>	<u>Cls. 21,25,29, 33</u>	<u>Sheridan, Andera, Waltruck</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continuation Sheet Attached

**Brief Description of Arguments to be Presented:**

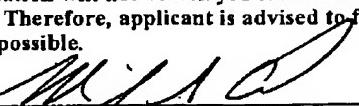
None of the applied references discloses individually displaying optotypes of different sizes for view from a predetermined distance.

An interview was conducted on the above-identified application on \_\_\_\_\_

**NOTE:**

This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP §713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

  
\_\_\_\_\_  
Applicant/Applicant's Representative Signature

\_\_\_\_\_  
Examiner/SPE Signature

**Michael A. Oblon**

\_\_\_\_\_  
Typed/Printed Name of Applicant or Representative

**42,956**

\_\_\_\_\_  
Registration Number, if applicable